Docket No. 0404-04501US

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

the specification of which [check one(s) applicable

that my residence, post office address and citizenship are as stated below next to my name;

was filed _____ as PCT International/U.S. Application No. ____ and was amended by Amendment filed _____ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: INSULATED RF SUPPRESSOR FOR INDUSTRIAL MAGNETRONS for which a patent is sought,

that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any

amendment referred to above; and							
that I acknowledge my duty Rule 56(a) [37CFR§1.56(a)].	to disclose infor	mation which	n is material to th	e examination	of this application	on in accord	ance with
POWER OF ATTORNEY: As invention to protect the rewith: Vincent T. Pace, Reg. No.	secute this appl	ication and to	o transact all bus	iness in the Pa	er No. 000110 as a atent and Tradem	my attorneys ark Office o	s or agents connected
POWER TO INSPECT: I hereby g accredited representatives power to in	ive DANN, DO spect and obtain	ORFMAN, H	ERRELL AND e papers on file r	SKILLMAN elating to this	I, P.C. of Philade application.	elphia, PA o	or its duly
SEND CORRESPONDENCE TO:	CUSTOMER N	NUMBER 00	0110				
IRECT INQUIRIES TO: VINCENT T. PACE		Tel.: 215-563-4100 Fax: 215-563-4044					
I hereby declare that all statements mabelieved to be true; and further that the punishable by fine or imprisonment, or may jeopardize the validity of the app	ese statements v both, under Sec	vere made wi ction 1001 of	th the knowledge Title 18 of the Un	that willful fa	ilse statements an	d the like so	made are
SOLE OR FIRST JOINT INVENTOR		SECOND JOINT INVENTOR (if any)					
Full Name MICHAEL First Middle	REGA Last	N	Full Name	First	Middle	Last	
Signature			Signature				
Date			Date			 -	
Residence Willow Street City	Pennsylvania State or Coun		Residence	City	State or	Country	
Citizenship UNITED STATES OF	AMERICA		Citizenship_		- ,-		
Post Office Address:			Post Office A	.ddress:			
2550 Shiprock Road							
	nsylvania or Country	17584 Zip Code	City	· .	State or Cour	ntry	Zip Code